MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL 0/586380

APPLICANT(S)

CLAIMS	S
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IND. DEP. IND. DEP. IND. DEP. 1	AS
2 3 4 4 5 5 6 7 7 1) 8 9 1 10 11 12 13 14 15 15 16 17 18 0 19 20 21 18 19 20 21 22 23 24 25 26 27 28 29 30 30 31 31 32 24 35 36 37 38 38 39 40 40 41 41 42 43 44 44 44 45 46 47 48 48 49 50 10 10 11 11 11 11 11 11 11 11 11 11 11	IND
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TOTAL CLAIMS	-